



REVIEW # _____

BUSINESS ACCEPTANCE APPLICATION

5515 Abercorn Street ~ Savannah, GA 31405

P.O. Box 1027 ~ Savannah, GA 31402-1027

Phone: 912.651.6530 / Fax: 912.651.6543

www.savannahga.gov

This form will assist the Development Services Department in reviewing your proposed business. Please submit this application with your Business Tax Certificate application. A Building Permit, Site Plan, and/or a Zoning Board of Appeals application, etc. may be required in order to complete the approval process. Additionally, inspections and other fees may be required.

PROJECT ADDRESS: _____ PIN: _____

NAME OF BUSINESS: _____ PHONE #: _____

NAME OF OWNER/CORP: _____

EMAIL ADDRESS: _____ PHONE #: _____

PREVIOUS BUSINESS USE OR ACTIVITY: _____**PROPOSED BUSINESS USE OR ACTIVITY**HOME OCCUPATION ☐ TYPE: _____ RETAIL ☐ TYPE: _____VEHICLE REPAIR ☐ VEHICLE WASH ☐ MEDICAL OFFICE ☐ PROFESSIONAL OFFICE ☐ BANK ☐ RESTAURANT ☐ BAR/NIGHTCLUB ☐HAIR/NAIL SALON ☐ LODGING ☐ # OF BEDS: _____CHILD CARE ☐ # OF CHILDREN: _____ PERSONAL CARE HOME ☐ TYPE: _____ # OF PEOPLE: _____

OTHER: _____

SQUARE FOOTAGE: _____ SEATS (IF APPLICABLE): _____ EMPLOYEES: _____

It is the responsibility of every business owner or operator to make certain that the type or nature of business activity being conducted at any location in the City of Savannah is permitted by and conforms to the Zoning Ordinance and Building Regulations of the City before signing a lease/contract and operating the business.

I understand that construction work to any space will require a permit prior to performance of said construction work, which includes alterations, modifications, renovations, remodeling, signage, etc. or risk stop work fees, which currently are \$500.

I hereby certify that I have answered all of the questions contained herein and know the same to be true and correct. Further, I understand that any Development Services approval issued, based upon false information or misrepresentation provided by the applicant, will be null and void and subject to penalty as provided by law and ordinances.

Printed Name – Business Owner

Signature

Date

FOR OFFICE USE ONLY

Zoning District: _____ Use #: _____ Use Name: _____ Parking Required: _____ Parking Provided: _____

Reviewer/Date: _____ ZBA ☐ Site Plan ☐ Special Use ☐ Amendment ☐ Plan #(s): _____

Notes: _____

Building: No further review required: _____ Inspection required: _____ Permit required: _____

Reviewer/Date: _____ Notes (Date of inspection, Permit #): _____